

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-020790

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

4687

STATE FILE NUMBER

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN St. LouisLength of stay in 1b
10 Yrs.c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION Incarnate Word Hosp.Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

admission)

c. CITY
OR
TOWN

St. Louis

Inside Limits
Yes ☒ No ☐d. STREET
ADDRESS

(If outside, give location)

2701 Russell

Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First
OVALMiddle
EDWARDLast
MYERS4. DATE
OF
DEATHMonth
5Day
4Year
1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

4-7-1907

9. AGE (last birthday)

55

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Tavern Operator

10b. KIND OF BUSINESS OR INDUSTRY

Self-employed

11. BIRTHPLACE (City and state or country)

Kentucky

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

William A. Myers

13b. MOTHER'S MAIDEN NAME

Bertha Jackson

14. NAME OF HUSBAND OR WIFE

Bobbie Myers

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, none or unknown) (If yes, give war or dates of serv)

No

O.

7

17. INFORMANT

Address

Tom Myers, 3304 Park

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

CIRRHOSIS OF LIVER

INTERVAL BETWEEN
ONSET AND DEATH

2 mos

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

581.0

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

ANEMIA, SECONDARY, NUTRITIONAL

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from APRIL 13, 1962 to MAY 4, 1962 and last saw him alive on MAY 4, 1962

Death occurred at 10:30 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Robert A. Hall, M.D.

22b. ADDRESS

3902 LAFAYETTE St. Louis, Mo.

22c. DATE SIGNED

MAY 7, 1962

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Removal

23b. DATE

5/8/62

23c. NAME OF CEMETERY OR CREMATORY

Sunset Burial Park

23d. LOCATION (City, town, or county)

St. Louis Co. Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

McLAUGHLIN'S, 2301 Lafayette

25. DATE RECD. BY LOCAL REG.

MAY 7 1962

REGISTRAR'S SIGNATURE

Robert A. Hall, M.D.

VS 300
Rev. 4/59

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

63

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

James R. Chapman

Licensed Embalmer No.

4550

P. O. Address

St. Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.